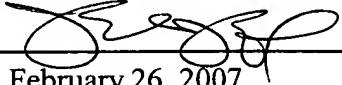
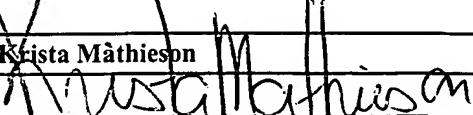


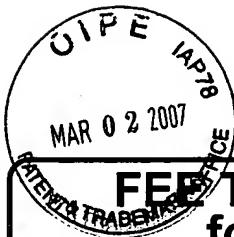


TRANSMITTAL FORM		Application No.	10/038,933
(to be used for all correspondence after initial filing)		Filing Date	January 4, 2002
		First Named Inventor	Rohan Coelho
		Art Unit	3626
		Examiner Name	Glass, Russell S.
Total Number of Pages in This Submission	18	Attorney Docket Number	42390P11783

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		- First Class Certificate of Mailing; and - the return receipt postcard	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 26, 2007

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Krista Mathieson		
Signature			
Date	February 26, 2007		



FEES TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/038,933
Filing Date	January 4, 2002
First Named Inventor	Rohan Coelho
Examiner Name	Glass, Russell S.
Art Unit	3626
Attorney Docket No.	42390P11783

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
0.00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	24	27* =	0	X	50.00	=	\$0.00
Independent Claims	3	4* =	0	X	200.00	=	\$0.00
Multiple Dependent							

Large Entity	Small Entity	Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	
1202 50	2202 25	25	Claims in excess of 20				
1201 200	2201 100	100	Independent claims in excess of 3				
1203 360	2203 180	180	Multiple Dependent claim, if not paid				
1204 790	2204 395	395	**Reissue independent claims over original patent				
1205 300	2205 150	150	**Reissue claims in excess of 20 and over original patent				
SUBTOTAL (1)						(\$)	0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	65	Surcharge - late filing fee or oath		
1052 50	2052 25	25	Surcharge - late provisional filing fee or cover sheet.		
2053 130	2053 130	130	Non-English specification		
1251 120	2251 60	60	Extension for reply within first month		
1252 450	2252 225	225	Extension for reply within second month		
1253 1,020	2253 510	510	Extension for reply within third month		
1254 1,590	2254 795	795	Extension for reply within fourth month		
1255 2,160	2255 1,080	1,080	Extension for reply within fifth month		
1401 500	2401 250	250	Notice of Appeal		
1402 500	2402 250	250	Filing a brief in support of an appeal		
1403 1,000	2403 500	500	Request for oral hearing		
1451 1,510	2451 1,510	1,510	Petition to institute a public use proceeding		
1460 130	2460 130	130	Petitions to the Commissioner		
1807 50	1807 50	50	Processing fee under 37 CFR 1.17(q)		
1806 180	1806 180	180	Submission of Information Disclosure Stmt		
1809 790	1809 395	395	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810 790	2810 395	395	For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee (specify)					
SUBTOTAL (2)					(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone	(303) 740-1980
Signature				Date	02/26/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Our Docket No.: 42390P11783

3626

IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Info Application of:)
Coelho)
Application No: 10/038,933)
Filed: January 4, 2002)
For: Consent System for Accessing Health)
Information)

Examiner: Glass, Russell S.

Art Unit: 3626

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 4, 2006, Applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: February 26, 2007

Name of Person Mailing Correspondence: Krista Mathieson

Krista Mathieson
Signature

Feb. 26, 2007
Date